


**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket No. (Optional):
A-6307

I hereby certify that this correspondence is being transmitted via
EFS on


DATE
October 31, 2008

Signature -- Julie Campbell

In re Application of
DeFreese, et al.

Application Number
09/475,696

Filed
12/30/1999

For
Mechanism and System for Encapsulation . . .

Group Art Unit
2435

Examiner
Ponnoreay Pich

Applicant hereby **appeals** to the Board of Patent Appeals and interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 540.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is \$
reduced by half, and the resulting fee is:
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
I have enclosed a duplicate copy of this sheet.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to
Deposit Account No. 20-0778. I have enclosed a duplicate copy of this sheet.
- ☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**Warning: Information on this form may become public. Credit card information should not be
included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

- ☐ applicant/inventor.
☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR
3.73(b)
Is enclosed. (Form PTO/SB/96)
☒ attorney or agent of record.
Registration No. **62,440**
☐ Attorney or agent acting under 37 CFR 1.34(a).
Registration No. if acting under 37 CFR 1.34(a)


Randy R. Schoen

10-31-08
Date

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit
multiple forms if more than one signature is required, see below*.

☐ *Total of forms are submitted.